

Patent
Attorney's Docket No. 003300-336

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Anders WILLIAMSSON et

Application No.: 08/429,494

Filed: April 26, 1995

For: CAPILLARY MICROCUVETTE

Group Art Unit: 1313

Examiner: H. Pyon

REQUEST FOR APPROVAL OF PROPOSED NEW DRAWING FIGURE

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Enclosed herewith is a new drawing figure, FIG. 4, which illustrates an alternative aspect of the present invention described in the original disclosure, specifically the configuration of the channel at the inner periphery of the cavity.

Consideration and approval of the proposed new drawing figure are respectfully requested.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

By: Matthew L. Schneider
Matthew L. Schneider
Registration No. 32,814

Post Office Box 1404
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(703) 836-6620
Date: May 15, 1996



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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of)
Anders WILLIAMSSON et al.) **NON-FEE AMENDMENT**
Application No.: 08/429,494) Group Art Unit: 1313
Filed: April 26, 1995) Examiner: H. Pyon
For: CAPILLARY MICROCUVETTE)

RESPONSE TRANSMITTAL LETTER

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Enclosed is a response for the above-identified patent application.

☐ A Petition for Extension of Time is also enclosed.

☒ Also enclosed is Request for Approval of Proposed New Drawing Figure.

☐ ___ verified statement(s) claiming small entity status
[] are also enclosed [] were submitted previously.

☐ The earliest effective U.S. filing date of this application is before June 8, 1993. In the event that the response submitted herewith is denied entry, the Commissioner is authorized to deduct from Deposit Account No. 02-4800 the fee of [] \$375 [] \$750 for entry of the submission in accordance with 37 C.F.R. § 1.129(a).

☒ No additional claim fee is required.

☐ An additional claim fee is required, and is calculated as shown below:

SE MAY 20 11 30 AM '96
GROUP 1313

AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims	7	MINUS 20 =	0	x \$22 =	0.00
Independent Claims	1	MINUS 3 =	0	x \$78 =	0.00
If Amendment adds multiple dependent claims, add \$250.00					0.00
Total Amendment Fee					0.00
If small entity status is claimed, subtract 50% of Total Amendment Fee					0.00
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					0.00

☐ A claim fee in the amount of \$_____ is enclosed.

☐ Charge \$_____ to Deposit Account No. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in triplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

By: Matthew L. Schneider
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